The ACA *Code of Ethics* says what?! And how did we get here?

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Session Overview

• Review (briefly) the development and history of the ACA *Code of Ethics* and the revision process

• Discuss sections of the Code relevant to advocacy and current challenges to the Code
The evolution of the ACA *Code of Ethics*

- Recognized that in order to be a profession, must have a code of ethics
- 1961: 1st Code called APGA Ethical Standards - 5 pages long
- Subsequent codes:
  - 1974
  - 1981
  - 1988
  - 1995
  - 2005
  - 2014 – 21 pages long, includes comprehensive glossary
2014 revision process

• 11 members representing all aspects of counseling, geographical areas
• 3 year iterative process
• Input received from across the profession, incorporated into drafts
• Draft code on webpage, in publications – comment period
• Finalized fall 2013, approved by Governing Council March 2014
• Clarified what was always in the Code

• Puts the welfare of the client first.
• B.6: The member shall decline to initiate or shall terminate a counseling relationship when the he cannot be of professional assistance to the counselee or client either because of lack of competence or personal limitation. In such instances the member shall refer his counselee or client to an appropriate specialist. In the event the counselee or client declines the suggested referral, the member is not obligated to continue the relationship.
B. 10 If the member is unable to be of professional assistance to the counselee, the member avoids initiating the counseling relationship or the member terminates it. In either event, the member is obligated to refer the counselee to an appropriate specialist. (It is incumbent upon the member to be knowledgeable about referral resources so that a satisfactory referral can be initiated). In the event the client declines the suggested referral, the member is not obligated to continue the relationship.
A.8 In the counseling relationship, the counselor is aware of the intimacy of the relationship and maintains respect for the client and avoids engaging in activities that seek to meet the counselor’s personal needs at the expense of the client. Through awareness of the negative impact of both racial and sexual stereotyping and discrimination, the counselor guards the individual rights and personal dignity of the client in the counseling relationship.
B.10 If the member determines an inability to be of professional assistance to the client, the member must either avoid initiating the counseling relationship or immediately terminate that relationship. In either event, the member must suggest appropriate alternatives. (The member must be knowledgeable about referral sources so that a satisfactory referral can be initiated). In the event the client declines the suggest referral, the member is not obligated to continue the relationship.
• A.10 The member **avoids bringing personal issues** into the counseling relationship, especially if the potential for harm is present. Through awareness of the negative impact of both racial and sexual stereotyping and discrimination, the counselor guards the individual’s rights and personal dignity of the client in the counseling relationship.
• B.12 If the member determines an inability to be of professional assistance to the client, the member must either avoid initiating the counseling relationship or immediately terminate the relationship. In either event, the member must suggest appropriate alternatives. (The member must be knowledgeable about appropriate referral resources so that a satisfactory referral can be initiated.) In the event the client declines the suggested referral, the member is not obligated to continue the relationship.
1995 ACA Code of Ethics

• A.2 Respecting Diversity

• a. Nondiscrimination
  – Counselors do not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

• b. Respecting Differences
  – Counselors will actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes, but is not limited to, learning how the counselor’s own cultural/ethnic/racial identity impacts her or his values and beliefs about the counseling process.
A.5. Personal Needs and Values

a. Personal Needs
   - In the counseling relationship, counselors are aware of the intimacy and responsibilities inherent in the counseling relationship, maintain respect for clients, and avoid actions that seek to meet their personal needs at the expense of clients.

b. Counselors are aware of their own values, attitudes, beliefs, and behaviors and how these apply in a diverse society and avoid imposing their values on clients.
• A.4 Avoiding Harm and Imposing Values

• A.4.b. Personal Values
  – Counselors are aware of their own values, attitudes, beliefs, and behaviors and avoid imposing values that inconsistent with counseling goals. Counselors respect the diversity of clients, trainees, and research participants.
2005 ACA Code of Ethics

• A.11 Termination and Referral

• A.11.b Inability to Assist Clients
  – If counselors determine an inability to be of professional assistance to clients, they avoid entering or continuing counseling relationships. Counselors are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives. If clients decline the suggested referrals, counselors should discontinue the relationship.
c. Appropriate Termination

Counselors terminate a counseling relationship when it becomes reasonably apparent that the client no longer needs assistance, is not likely to benefit, or is being harmed by continued counseling. Counselors may terminate counseling when in jeopardy of harm by the client, or another person with whom the client has a relationship, or when clients do not pay fees agreed upon. Counselors provide termination counseling and recommend other service providers when necessary.
• C.5 Nondiscrimination

  Counselors do not condone or engage in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law. Counselors do not discriminate against clients, students, employees, supervisees, or research participants in a manner that has a negative impact on these persons.
• A.11 Competence Within Termination and Referral

– If counselors lack the competence to be of professional assistance to clients, they avoid entering or continuing counseling relationships. Counselors are knowledgeable about culturally and clinically appropriate referral sources and suggest these alternatives. If clients decline the suggested referrals, counselors discontinue the relationship.
• A.11.b Values Within Termination and Referral

  – Counselors refrain from referring prospective and current clients based solely on the counselor’s personally held values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor’s values are inconsistent with the client’s goals or are discriminatory in nature.
C.5 Nondiscrimination

- Counselors do not condone or engage in discrimination against prospective or current clients, students, employees, supervisees, or research participants based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital/partnership status, language preference, socioeconomic status, immigration status, or any basis proscribed by law.
How do we define competence?

• Lack of competence is based on several factors and is specific to each counselor:
  – Scope of practice of credential held by the counselor
  – Education, training and experience of the counselor
  – Setting in which the counselor practicing – scope of work

• May refer when a higher level of practice is needed than the counselor is able/qualified to provide

• Does not include lack of knowledge/skills/information about any client characteristic – must educate self, seek supervision, consultation
How do you respond to critics?

• I’ve always been able to refer when I didn’t think I could work with someone. Why can’t I now?
  – Counselors have never been able to refer for this reason. One can only refer based on professional competence /credentialing/scope of practice issues, not personal preference.

• The Code was revised in secret and then ACA didn’t tell us what was in there.
  – This was an iterative process that was both transparent and open.
• A.7.a Advocacy

  - When appropriate, counselors advocate at individual, group, institutional, and societal levels to address potential barriers and obstacles that inhibit access and/or the growth and development of clients.
Questions?